

Sub-Strategy Request
FAMILY PLANNING, TITLE X

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:
501	Texas Department of Health		3	04-01-02
GOAL:	04			
OBJECTIVE:	01			
STRATEGY:	02 Family Planning			
SUB-STRATEGY:	01 Family Planning, Title X			
		EXPENDED	EXPENDED	BUDGETED
CODE DESCRIPTION		FY 2000	FY 2001	FY 2002
OBJECTS OF EXPENSE:				
1001	Salaries and Wages	216,845	285,759	465,087
1002	Other Personnel Costs	0	237	0
2000	Operating Costs	554,190	398,894	320,347
4000	Grants	8,151,144	9,664,672	9,386,417
5000	Capital Expenditures	12,278	0	0
TOTAL, OBJECTS OF EXPENSE		8,934,457	10,349,562	10,171,851
METHOD OF FINANCING:				
555	Federal Funds:			
	CFDA #93.217, Family Planning Project (Title X)	8,934,457	10,349,562	10,171,851
TOTAL, METHOD OF FINANCING		8,934,457	10,349,562	10,171,851
FULL-TIME EQUIVALENT POSITIONS		5.5	7.8	10.9

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Sub-strategy Description and Justification:

There are about 33 Title X family planning agencies which receive family planning grants from TDH. These funds provide an infrastructure for agencies to support payment for clinic facilities, staff salaries, utilities, medical and office supplies, equipment, travel, and population-based activities such as promotion of community coalitions, public education about reproductive health care as well as direct medical and counseling services. Agencies receive a line-item budget against which they bill each month for expenses incurred. Client eligibility is based generally on family income and size. Clients whose family size and family income place them at or of fees to clients whose family size and family income place them at 101% of FPL to 200% FPL. Contractors may seek approval from TDH to extend the upper limit of the sliding scale fee to 250% of FPL by providing substantial justification of the need to do so in the communities they serve. Clients must not be denied services due to inability to pay.

External/Internal Factors Impacting Sub-strategy:

The federal appropriation for the Title XX Social Services Block Grant was reduced each fiscal year from FY 1996 to FY 1999 Title XIX funds would be subject to change should Medicaid reform legislation occur.